



IAP15 Rec'd PCT/PTO 08 JUN 2006

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

Date of Deposit:

June 6, 2006

Applicant:

Thomas Nosker, et al.

Attorney Docket No.:

P26,788-A-USA

Application No.:

10/563,883

Title:

Use of Recycled Plastics for Structural Building Forms

ENCLOSED DOCUMENTS

- 1) Reply to Notification of Missing Requirements (2 pages);
- 2) A copy of the Notification of Missing Requirements (2 pages);
- 3) Declaration and Power of Attorney for Patent Application (4 pages);
- 4) Added Page to Combined Declaration and Power of Attorney for Signing by Legal Representative on Behalf of Deceased (1 page);
- 5) A copy of Executor Short Certificate (1 page);
- 6) A copy of Death Certificate (1 page);
- 7) PTO 2038 Credit Card Form (1 page);
- 8) An acknowledgement postcard. Please date stamp and return to us as soon as possible (1 postcard); and,
- 9) This First Class Mail Certificate (1 page).

CERTIFICATE OF MAILING

I hereby certify that the Reply to Notification of Missing Requirements, along with the supporting documents is being deposited with the United States Postal Service as

First Class Mail in an envelope addressed to:

United States Patent and Trademark Office

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Name : Brendalee Staufenberg, Paralegal

Brendalee Staufenberg
Signature

Date of Signature : June 6, 2006



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Thomas Nosker, et al.** Confirmation No.: **7021**
Application No.: **10/563,883** Examiner: **To be assigned**
I.A. Filing Date: **July 21, 2003** Group Art Unit: **To be assigned**
For: **USE OF RECYCLED PLASTICS FOR STRUCTURAL
BUILDING FORMS**

Attorney Docket No.: **P26,788-A-USA**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First-Class Mail, postage prepaid, in an envelope addressed to: Mail Stop Missing Parts Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 6, 2006.

Dated: June 6, 2006

Brendalee Staufenberg
Brendalee Staufenberg

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO NOTIFICATION OF MISSING REQUIREMENTS
UNDER 35 U.S.C. §371

Sir:

In response to the Notification of Missing Requirements mailed May 2, 2006,
enclosed are the following:

1) A copy of the Declaration and Power of Attorney, consisting of five (5) pages, signed by the inventors/legal representative on behalf of Richard Renfree a deceased inventor. In addition, enclosed is a copy of an Executor Short Certificate, along with a copy of the Death Certificate regarding Richard Renfree. Attorney for Applicant states that the above referenced application filed with the U.S. Patent and Trademark Office on January 9, 2006 (with an I.A. Filing Date of July 21, 2003) is the application that the inventors/legal representative on behalf of Richard Renfree a deceased inventor executed by signing the attached declaration.

2) PTO Form 2038 in the amount of \$65.00 to cover the surcharge for the late filing of a Declaration.

3) Copy of the Notification of Missing Requirements Under 35 U.S.C. §371.

Kindly have these forms made a part of Applicants' file. The Commissioner is authorized to charge any additional fees to Applicants' Deposit Account No. 19-5425 therefor.

Dated: June 6, 2006

Respectfully submitted,

Sarah Klosek
Sarah Klosek (Reg. No. 55,332)

Synnestvedt Lechner & Woodbridge, LLP
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UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
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U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/563,883	Thomas Nosker	P26,788-A USA

INTERNATIONAL APPLICATION NO.

PCT/US03/22893

23307
SYNNESTVEDT & LECHNER, LLP
2600 ARAMARK TOWER
1101 MARKET STREET
PHILADELPHIA, PA 191072950

ENTERED ON COMPUTER

7-2-06

I.A. FILING DATE	PRIORITY DATE
07/21/2003	07/08/2003

CONFIRMATION NO. 7021

371 FORMALITIES LETTER



OC000000018655220

Date Mailed: 05/02/2006

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Indication of Small Entity Status
- Copy of the International Application filed on 01/09/2006
- Copy of the International Search Report filed on 01/09/2006
- Copy of IPE Report filed on 01/09/2006
- Information Disclosure Statements filed on 01/09/2006
- Copy of references cited in ISR filed on 01/09/2006
- U.S. Basic National Fees filed on 01/09/2006
- Priority Documents filed on 01/09/2006

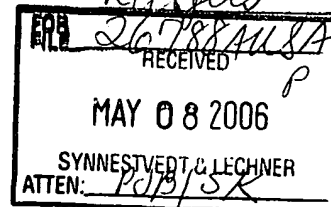
The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:



- \$65 Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

MAMIE P PERSON

Telephone: (703) 308-9140 EXT 227

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/563,883	PCT/US03/22893	P26,788-A USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
Nosker et al.

Examiner: N/A

Application No: **10/563,883**

Group Art Unit: N/A

Filed: **9 Jan 2006**

For: **USE OF RECYCLED PLASTICS FOR STRUCTURAL BUILDING FORMS**

Application Docket No. **P26,788-A USA**

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR
SIGNING BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED
INVENTOR (37 CFR § 1.42)**

I, Maryann Renfree, hereby declare that I am a citizen of United States of America, residing at 211 Katherine Street, Scotch Plains, NJ 07076, and that I am executing and signing the declaration to which this is attached as the executor(trix) of the last will and testament of:

Richard Renfree

Full name of (first) deceased inventor

United States of America

Country of citizenship of deceased inventor

211 Katherine Street, Scotch Plains, NJ 07076

Former residence of deceased inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 5/5/06

Maryann Renfree
Executor (trix)

State of New Jersey
Union County Surrogate's Court

In the Matter of the Estate of:

RICHARD W. RENFREE (Married), Deceased



**EXECUTOR SHORT
CERTIFICATE**

I, James S. LaCorte, Surrogate do hereby certify that the Last Will of the above named decedent, late of the County of Union and State of New Jersey, was admitted to Probate by the Surrogate of Union County, on MAY 03 2004 and that Letters Testamentary were issued to:

MARYANN RENFREE

the Executor named therein.

She is duly authorized to take upon herself the administration of the estate of said testator agreeably to the said Will, and said Letters Testamentary have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office, this
3rd day of May, 2004

James S. LaCorte

Surrogate & Deputy Clerk of Superior Court of NJ
Chancery Division, Probate Part, Union County

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NO. 154-44-8445

Time of Death
3:47 PMDate of Death
4/20Name of Decedent as Known by Physician
Renfree, RichardFOR STATE
USE ONLYPlace of
AccidentReceived
for Limb
OnlyRecord
Contains
Amendment

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

1a Legal Name of Decedent (First, Middle, Last) Richard W. Renfree		2 Sex M		3 Social Security Number 154-44-8445	
4a Age-Last Birthday 50 Years		4b Under Years 03/22/1954		4c Under Days Manhattan, N.Y.	
5a Residence-State NJ		5b County Union		5c Municipal City Scotch Plains	
6a Street and Number 211 Katherine Street		6b Apt. No. 07076		6c Home City Limits XX Yes <input type="checkbox"/> No	
8a Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9a Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		9b Surviving Spouse Name Maryann Hart	
11 Father's Name (First, Middle, Last) Edward Renfree		12 Mother's Name (First, Middle, Last) Vera Wuensch		13a Name of Informant Maryann Renfree	
13b Relationship to Decedent Wife		14 Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		15 Place of Disposition (Name of cemetery, crematory, other place) Rosehill Crematory	
16 Location-City, Town and State Linden, NJ		17 Name and Complete Address of Funeral Facility Rossi Funeral Home Inc 1937 Westfield Ave Scotch Plains NJ 07076		18 Signature of Funeral Director <i>[Signature]</i>	
19 NJ License Number #3620		20 Decedent Education <input checked="" type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate's degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, BS) <input type="checkbox"/> Master's degree (MA, MS, MEd, MSc) <input checked="" type="checkbox"/> Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)		21 Decedent of Hispanic Origin? Check one or more boxes that best describe decedent's ethnicity. <input checked="" type="checkbox"/> Not Spanish Hispanic/Latino <input type="checkbox"/> Yes, Mexican/Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify):	
22 Decedent Race - Check one or more boxes to indicate what race the decedent considers himself/herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> Other (Specify):		23 Occupation of Decedent (Type of work done most of life, even if retired) Research Prof. Dept. Ceramics & Materials Eng.		24 Kind of Business/Industry Science	
25 Name and Address of Last Employer Rutgers University-Piscataway, NJ		26 Date Pronounced Dead (Mo/Day/Year) 4/20/04		27 Time Pronounced Dead 3:47	
28 Signature of Person Pronouncing Death (Other than Doctor) 4/20/04		29 License Number 3:47		30 Date Signed (Mo/Day/Year) 4/20/04	
31 Place of Death (Check one) <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient		32 Time of Death 3:47		33 Was Death Examined? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34 Facility Name (If not institution, give street and number) Compositional Care P R W J V H		35 Municipal City New Brunswick		36 County Middlesex	
37 Cause of Death (Immediate Cause - Enter chain of events in sequence, or enter a single cause that directly caused death. DO NOT abbreviate. Enter only one cause per line. Add additional lines if necessary.) Metastatic Lung Cancer		38 Immediate Cause 2 mos		39 Underlying Cause 2 mos	
40 Part II - Enter other significant conditions contributing to death, if any, and the underlying cause given in PART I.		41 Was an Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		42 Were Autopsy Findings Available to Complete Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
43 Date of Injury (Mo/Day/Year) 4/20/04		44 Time of Injury 3:47		45 Place of Injury (e.g., home, construction site, restaurant) Home	
46 Location of Injury (Number and Street, Zip Code) 211 Katherine Street, 07076		47 Municipal City New Brunswick		48 County Middlesex	
49 State NJ		50 Describe How Injury Occurred Slipped on a banana peel		51 If Transportation involved: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):	
52 Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		53 Did Decedent Have Diabetes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		54 Was Decedent Pregnant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
55 If Pregnant, Date of Death 4/20/04		56 If Pregnant, Date of Birth 4/20/04		57 If Pregnant, Date of Delivery 4/20/04	
58 If Pregnant, Date of Death 4/20/04		59 If Pregnant, Date of Birth 4/20/04		60 If Pregnant, Date of Delivery 4/20/04	
61 Name, Address and Zip Code of Coroner Town of Edison, NJ 08817		62 Name, Address and Zip Code of Coroner Albano + Neri, Newark, NJ 07102		63 Name, Address and Zip Code of Coroner Albano + Neri, Newark, NJ 07102	